

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789  
Township Manassah Central Primary Registration District No. 6033  
City Maryland Heights (No. Maryland Heights) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 17549

Registered No. 107

2. FULL NAME

Bertha Worman Webster  
(a) Residence, No. Maryland Heights St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland Heights  
St. Louis, Mo.

FATHER 13. NAME Milton West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford, Co. Mo.

MOTHER 15. MAIDEN NAME Bertha Worman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lascaudo, Co. Mo.

17. INFORMANT (ADDRESS) Milton West  
Maryland Heights

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Free Cem. DATE April 12 1937

19. UNDERTAKER (ADDRESS) Bauman Bros  
Maryland, Mo.

20. FILED 4-9- 1937 W.A. Roehmer  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21st 1937 to April 8th 1937

I last saw him alive on April 8th 1937. Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 3.21.37

Other contributory causes of importance: Stiff Lip and Bluff Pt. Tuta 3.25.37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. J. Coffman M. D.

(Address) Pattersonville Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

